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Morphological classification of respiratory disease

Upper airway disease

The nasal sinuses are frequently the site of both acute and chronic infections. In common with the palate and the nasopharynx, they are also the site of malignant neoplastic changes. Cancer of the larynx is much more common in smokers than in nonsmokers; and cancers of other parts of the upper respiratory tract, some of which may be caused by exposure to dusts and metals, are also more likely to develop in smokers.

The occurrence of upper airway obstruction (particularly common in people who snore) has been documented in sleep laboratory studies. In the sleep apnea syndrome, episodes of obstruction are accompanied by cessation of breathing for up to half a minute and a marked fall in blood oxygen levels, terminating in arousal from sleep. The sleep apnea syndrome is not uncommon. It is not confined to the very obese, although it forms part of the syndrome of severe obesity in which sleep disturbance is common; and it is associated with the daytime somnolence known as the pickwickian syndrome, after Charles Dickens' description of the fat boy in *The Pickwick Papers*. Sleep apnea is caused by relaxation of muscles around the pharynx and obstruction of the airway by the palate. It is related to narrow anatomical dimensions in this area but is also more likely to occur if alcohol is ingested shortly before sleep. Sleep apnea is more than a medical curiosity: it may cause a rise in systemic blood pressure, and the daytime somnolence may occur while the affected person is at work.

Diseases of major bronchi

The major bronchi can become the seat of chronic inflammation, as in chronic bronchitis or bronchiectasis. The latter disease is not uncommonly caused by the familial disease of cystic fibrosis. The major bronchi may also be the site of development of malignant disease.

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